PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/696,974			ing Date 30/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAI		
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)	
П	BASIC FEE	_	N/A	LD NO	N/A		N/A	TEE (a)	i	N/A	TEE (0)	
$\overline{}$	(37 CFR 1.16(a), (b), s SEARCH FEF	or (c))	N/A				21/4		ł			
H	(37 CFR 1.16(k), (i), (i)		N/A N/A		N/A N/A		N/A		ł	N/A		
	(37 CFR 1.16(o), (p), (FAL CLAIMS		minus 20 =		N/A		N/A x s =		OR	N/A x s =		
IND	CFR 1.16(i)) EPENDENT CLAIM	s	minus 20 =				x \$ =		OK	x s =		
(37	CFR 1.16(h))	If the	If the specification and dr		drowings exceed 100		A# -		ı	^* -		
	APPLICATION SIZE (37 CFR 1.18(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 :	n size fee due								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								1			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		1	TOTAL		
	APPI	OED - PART II	OTHER THAN SMALL ENTITY OR SMALL ENTITY									
AMENDMENT	11/08/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	• 13	Minus	20	= 0	1	x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	• 3	Minus	 3	= 0	1	x \$ =		OR	X \$210=	0	
	Application Size Fee (37 CFR 1.16(s))								T		i	
^	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.1601)		Minus		=	i	x \$ =		OR	x s =		
	Independent (37 CFR 1,16(h))	*	Minus	***	:		x \$ =		OR	x s =		
	Application Size Fee (37 CFR 1.16(s))								1			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
Γ									OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or Independent) is the highest number found in the appropriate box in column 1.												

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